# Appendix F Reporting proforma for breast core biopsy

Surname: ……………………………….. Forenames: …………………. Date of birth: …………….…

Sex: ….………………………………….. Hospital: …………….……….. Hospital no: ...………….…..

NHS no: ………………………….……... Date of surgery: …………….. Date of report: ………....…..

Authorisation: …………………….…….. Report no: …………………… Date of receipt: …….……….

Pathologist: …………….………………. Surgeon: ……………………………………….…………..…

Side†: Left □ Right □

Quadrant†: Upper outer quadrant □ Lower outer quadrant □

 Upper inner quadrant □ Lower inner quadrant □

Retroareolar □

Number of cores if known: .............

Specimen type†: Needle core biopsy □

 Vacuum-assisted excision biopsy □

 Vacuum-assisted diagnostic biopsy □

 Vacuum-assisted biopsy – not further specified □

Calcification present on specimen X-ray? Yes □ No □ Radiograph not seen □

Comment: ............................................................................................................................................

Histological opinion†: B1 (Normal) □

B2 (Benign) □

B3 (Uncertain malignant potential with epithelial atypia) □

B3 (Uncertain malignant potential without epithelial atypia) □

B4 (Suspicious) □

B5a (Malignant in situ) □

B5b (Malignant invasive) □

B5c (Malignant not assessable) □

If biopsy taken for assessment of calcification:

Histological calcification: Not identified □ Benign □ Malignant □ Both benign and malignant □

In situ carcinoma†:Not identified □ Ductal □ Lobular□

DCIS grade†: High □ Intermediate □ Low □ Cannot be assessed □

Invasive carcinoma†Not identified □ Present □

Type†: No special type (ductal NST) □

Pure special type (90% purity; specify components present below) □

Mixed tumour type (50–90% special type component; specify components present below) □

Other malignant tumour (please specify): ......................................

Specify type component(s) present for pure special type and mixed tumour types†:

Tubular/cribriform □ Lobular □ Mucinous □ Medullary/atypical medullary □

Ductal/no special type □ Other □ (please specify): ............................

Invasive carcinoma grade†: 1 □ 2 □ 3 □ Cannot be assessed □

Oestrogen receptor status†: Positive (≥ 1%) □ Negative (<1%) □

Percentage positive tumour cells =……………..

On-slide positive control material: Present □ Absent □

Progesterone receptor status†: Positive (≥ 1%) □ Negative (<1%) □

Percentage positive tumour cells =……………..

On-slide positive control material: Present □ Absent □

HER2 IHC score†: 0 negative □ 1+ negative □ 2+ Borderline □ 3+ Positive □

 Not performed □

FISH/CISH ratio: ...........

Status†: Amplified □ Non-amplified □ Borderline □ Not performed □

HER2 copy no.: ……… Chromosome 17 no.: ………..

Final HER2 status†: Positive □ Negative □

SNOMED† codes: T …….… M …..……

Date reported: ............................................. Pathologist: ............................................

†Data items that are currently part of the Cancer Outcomes and Services Dataset (COSD) version 8.